



Pet Awareness Welfare Society for San Jose Animal Care Services

INFOPAWS4SJACS@gmail.com

\$100 CAT Spay or Neuter Voucher

Voucher is paid directly to the veterinary service that performs the surgery.

Owners Name _____

Address _____

City _____ CA Zip _____

Phone _____ Email _____

Cat's Name _____ Male _____ Female _____

Age _____ Weight (Approx.) _____

Participating Vets:

___ Boulevard Pet Hospital - Dogs up to 70 lbs.
1555 S Winchester Blvd, San Jose CA 95128
(408)379-5554

___ Animal Medical Center- any size dog
1820 Hillsdale Ave
San Jose CA 95124
(408)267-7387

I understand in participating in this program that PAWS for SJACS is not affiliated with or recommends any veterinarian participating in the program.

Signature _____

Date _____

*** Education * Special Needs * Medical * Volunteers ***
Veterinary Clinic – please return white copy with copy of invoice for reimbursement within 7 days